

## **Request for Filing Compliance Agreement**

Representative's Name:	Email Address:
Address:	Phone Number:
Tax Years:	Fax Number:
-	
we will waive penalties if reasonable cause is a defense for the additional conditions that are outside the scope of the FCA. Trequested and subsequently listed in the FCA.	, ,
	for which no FCA consideration was requested and approved of the submitted tax returns and will not be a part of the FCA fees.
For more information go to <b>ftb.ca.gov</b> and search for <b>FCA</b> . F directed to Larry Womac, 916.845.6972.	or additional assistance, questions about the FCA can be
Declaration	

I declare under penalty of perjury, under the laws of the State of California, that I am the participant or our company is authorized by the unnamed participants, to act as their agent in requesting an FCA. The information given above, in the attached Exhibit A, and any supplemental information has been confirmed with all participants to be true and correct to the best of my knowledge and belief.

Print Name		
		_/
Signature	Date	

Mail your completed request to:

ATTN LARRY WOMAC STATE OF CALIFORNIA COMPLEX FILING ENFORCEMENT UNIT FRANCHISE TAX BOARD PO BOX 1779 RANCHO CORDOVA CA 95741-1779

## **EXHIBIT A**

To retain the participant's anonymity only refer to the participant's entity type when answering the following questi	ions
Attach additional sheets if necessary.	

	Corporation X, Trust A, Beneficiary B, LLC	eration for which you are the authorized represe CX, etc.):			
(1)	(4)	(7)			
(2)	(5)	(8)			
(3)	(6)	(9)			
Specify the tax years the participants are requesting FCA consideration:  Explain why there is an unfulfilled filing requirement and unpaid California tax liability for the tax years recovide facts as to why the participant's situation qualifies for a waiver of penalties for reasonable cause:					
Have any participar participants and tax		v Disclosure Program (VDP) consideration? If ye			
Darticipants and tax	eived a notice from FTB are not entitled to	o enter into an FCA. Has FTB notified the participants received a notice, the notice date, and the			

8.	Explain how and when the participants became aware of a California filing obligation:
9.	Did the participants employ tax professionals? If yes, specify the tax years and the type of tax professional (i.e., CP accounting firm, tax attorney, etc.):
0.	What information, if any, did the participants provide to the tax professionals regarding their connection to California to require the filing of tax returns in this state?
1.	What advice, if any, did the tax professionals provide to the participants that was relied upon by the participants as the rationale for not filing the required California tax returns:
2.	Confirm if the participants will submit a statement under penalty of perjury from the tax professionals confirming the information provided by the participants and the advice they provided to the participants regarding filing obligations in California? If no, explain why:
3.	If the participants did not consult with tax professionals regarding California filing requirements, did the participants have personnel with tax experience during the tax years requested for FCA consideration? If yes, state their classification:
4.	When was your firm first retained by the participants regarding their California filing requirements for the tax years they request an FCA:
5.	Provide the estimated California tax liability due for each tax year and each participant: